Express Mail Label No. EL722984478US

Please type a plus sign (+) inside this box \longrightarrow + PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.								
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)					MOT-D2559			
			First Named Inventor		Christopher J. Stone			
		CON	COMPLETE IF KNOWN					
		Application Numb	per	/ Not Yet Known				
		Filing Date	Not	t Yet Known				
■ Declaration □ Submitted ○R	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit	Not `	Not Yet Known				
with Initial Filing		Examiner Name	Not `	Not Yet Known				
the specification of which IX is attached hereto OR								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim		I Copy Attached? NO			
☐ Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PT	O/SB/02B attach	ned hereto:			

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY)

Application Number(s)

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION— Utility or Design Patent Application

	Customer Number r Bar Code Label	2437	5	OR C	orrespondence address below		
VOLPE AND KOENIG, Name DEPT MOT	P.C.						
Address							
Address			T				
City	· · · · · · · · · · · · · · · · · · ·		State		ZIP		
Country	Telep	hone			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) Christopher J Family Name or Surname Stone							
Inventor's Signature Date 5/29/0							
Residence: City Newtown		State PA	, l	JSA Country	Citizenship USA		
Mailing Address 54 Skyview Way							
Mailing Address							
City Newtown	State PA		ZIP 1	8940	Country USA		
NAME OF SECOND INVENTOR:							
				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country	Citizenship		
Mailing Address							
Mailing Address							
City State ZIP Country ☐ Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							